

FORMS FOR BID

FOR CONSTRUCTION ON STATE HIGHWAY IN SAN DIEGO COUNTY FROM ROUTE 188 TO ROUTE 8

In District 11 On Route 94
Under

Notice to Bidders and Special Provisions dated October 3, 2016

Standard Specifications dated 2015

Project plans approved August 22, 2016

Standard Plans dated 2015

Applicable to

Electronic *Bid* book dated October 3, 2016
Identified by
Contract No. 11-2M8304
11-SD-94-39.0/65.4
Project ID 1115000107

Federal-Aid Project ACST-P094(063)E

DBE - COMMITMENT

DES-OE-0102.10D (REV 12/2014)

ADA Notice

CONTRACT NO:							
BID AMOUNT:							
\$							
BID OPENING DATE:							
BIDDER'S NAME:							
DBE GOAL FROM CONTRA	ACT %:						
DBE PRIME CONTRACTOR	R CERTIFICATION ¹ :	TOTAL NUMBER OF AL	L SUBCONTRACTS (DBE &	NON-DBE)	TOTAL VALUE OF ALL SUBCONTRAC	CTS (DBE & NON-DBE	
BID ITEM NO.	SERVICES TO BE S	D DESCRIPTION OF JBCONTRACTED OR BE PROVIDED ²	WORK CATEGORY CODES ³	opened.	NAME OF DBEs st be certified on the date bids are Include Caltrans' certification no., DBE s, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)	
Show all DBE firms being each DBE shown stating shown for the specific an	that it will be participati				Total Claimed Participation	\$	
The names of the 1st tier Subcontractor List (Pub 0			e consistent with the		,	%	
¹ Each DBE prime contractor must enter its certification number and show all work to be					The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).		
² If 100% of an item is not the item to be performed		nished by the DBE, des	scribe the exact portion of				
³ Use Work Category Codes from the California Unified Certification Program database.					Signature of Bidder		
				Da	te (A	rea Code) Tel. No.	
				Pe	rson to Contact (Ple	ase Type or Print)	

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DBE CONFIRMATION

DES-OE-0102.13 (NEW 05/2015)

Contract no.:				
Name of DBE business:				
Name of DBE representative	ži.			
DBE certification number:				
Name of bidder:				
Name of prime contractor if	different from the bidder:			
Name of representative of bi	dder or prime contractor:			
Date:				
Bid item number	Bid item number Item of work and description of services to be subcontracted or materials to be provided ¹			
¹ If 100% of an item is not to portion of the item to be pe	be performed or furnished by the DBE, describe the exact rformed or furnished.	Total		
		enterprise, I confirm that my busin prime contractor shown above reg the bidder is awarded the contract contractual agreement with the bid the type and dollar amount of work form.	dder or prime contractor to perform	
		Signature of DBE's authorized	representative:	
		Printed name of DBE's authori	zed representative:	
		Title of DBE's authorized repre	esentative:	
		Date:	_	

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DBE GOOD FAITH EFFORTS DOCUMENTATION

DES-OE-0102.11A (REV 12/2014)

Bidder's Name	<u> </u>
Contract No.: _	

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1. List items of work the Bidder made available to DBE firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

ltem of Work Offered, Services Offered, or Materials Supplied	Perfori	Normally ms Item s/No	Facilitate	en Down to Participation s/No	for Performan Sch	xible Timeframes ce and Delivery edules s/No	Amount (\$)	Percentage of Total Bid
	YES	Пио	YES	Пио	YES	NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	Пио	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	Пио	YES	NO	YES	NO		
	YES	Пио	YES	NO	YES	□ NO		
	YES	Пио	YES	NO	YES	□ NO		
	YES	Пио	YES	NO	YES	□ NO		
	YES	Пио	YES	NO	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	□ NO	YES	□ NO		
	YES	Пио	YES	NO	YES	□ NO		
	YES	NO	YES	NO	YES	NO		
	YES	NO	YES	NO	YES	□ NO		
	YES	Пио	YES	NO	YES	□ NO		
	YES	Пио	YES	□ №	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	Пио	YES	□ NO		
	YES	Пио	YES	NO	YES	□ NO		

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Bidder's Name:	
Contract No.:	

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						clude the items of work offe copies of solicitations, e-ma			
Name of DBE Solicited Date		Date of In	itial Solicitation	Items of Work Offered				Follow Up Methods and Dates	
	vided quotes, the p	orice quote for e	ach firm, and the p	rice differenc	e for each DBE	pecific to the items of work I if the selected firm is not a act.			
Items of Work	Provided Specifications for Yes/	r Work Offered	Name of Select Firm		DBE or Non-DBE	Name of Rejected Firr	m	Quote (\$)	Price Difference (\$)
	YES	□NO							
	YES	□NO							
	YES	□NO							
	YES	□ио							
	YES	□ио							
	YES	□ио							
	YES	□ио							
	YES	□ио							
	YES	□ио							
If the firm selected for th Provide evidence as to v						d attach names, addresses	and phone	a numbers for the fi	rms listed above.

DBE GOOD FAITH EFFORTS DOCUMENTATION

Bidder's Name:	
Contract No.:	

DEE GOOD FATTH EFFOR DES-OE-0102.11A (REV 12/2014)	TO DOCUMENTATION		Page 3 of 3				
Describe the Bidder's outreach efforts to ide documents.	entify and solicit the interest of all certified DBE	s that have the capability to perform the work o	f the Contract. Provide copies of supporting				
Description of Outreach	Dates	Location (if applicable)	Results				
	le interested DBEs with adequate information a assisted, the type of information provided, and						
· · · · · · · · · · · · · · · · · · ·		·					
6. Describe the Bidder's efforts made to assist dates. Provide copies of supporting document	interested DBEs in obtaining bonding, lines of s.	credit, or insurance. Identify the DBEs assisted	d, the type of assistance offered, and the				
equipment the DBE purchases or leases from documents. List efforts made to assist interest	interested DBEs in obtaining necessary equip the prime contractor or its affiliate. Identify the ed DBEs in obtaining bonding, lines of credit, in bcontractor purchases or leases from the prime	DBEs assisted, the type of assistance offered, surance, necessary equipment, supplies, mat	and the dates. Provide copies of supporting erials, or related assistance or services,				
8. List the names of agencies and the dates or provide copies of supporting documents.	n which they were contacted to provide assista	nce in contacting, recruiting, and using DBE fir	ms. If the agencies were contacted in writing,				
9. Include additional data to support a demons	stration of good faith efforts.						
NOTE: USE ADDITIONAL SHEETS OF PAPE	ER IF NECESSARY.						

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